Social Care and Health Overview and Scrutiny Committee

Agenda Item No.

June 2018

6

Place Based Commission of the Walsall Together Alliance

Ward(s) All

Portfolios: Adult Social Care - Councillor Martin Children's and Health and Wellbeing - Councillor Wilson Education and Skills - Councillor Towe

1. Executive Summary

Walsall is seeking to develop a new approach to the provision of integrated services. Currently the Walsall Together Provider Board works in partnership to deliver outcomes via contracts with the CCG and local authority. However traditional barriers between health and social care, physical and mental health and acute and primary/community care, alongside perverse payment systems continue to limit joint working and innovation.

By assessing alternative models to commissioning and provision, Walsall aims to identify the most appropriate model for its local health economy. While there is a recognition of the impact of broader regional and national strategies, this is an opportunity for Walsall to take ownership of the way health and care is delivered to its population.

2. Reason for scrutiny

The development of the Walsall Together Alliance is an important and significant programme within the Health and Social Care system and the Scrutiny Committee will want to be assured that the programme is delivering against plan.

3. Recommendations

That the Scrutiny Committee notes the content of this report.

4. Report

4.1 Background

Walsall Together Partnership

The Black Country and West Birmingham Sustainability and Transformation Plan, published in November 2016, set out our intention to:

implement Local Place-Based Models of Care for each community that deliver improved access to local services for the whole population, greater continuity of care for those with on-going conditions and more co-ordinated care for those with the most complex needs.

In Walsall, work on the development of our local place-based model of care has been taken forward through the Walsall Together Programme. The Walsall Together Board has an independent chair and partners of the Board include:

- Walsall CCG
- Walsall Healthcare NHS Trust
- Dudley and Walsall Mental Health NHS Trust
- Walsall Council Adult Social Care
- Walsall Council Public Health
- Walsall Council Children's Services
- One Walsall (voluntary sector)
- Walsall General Practice

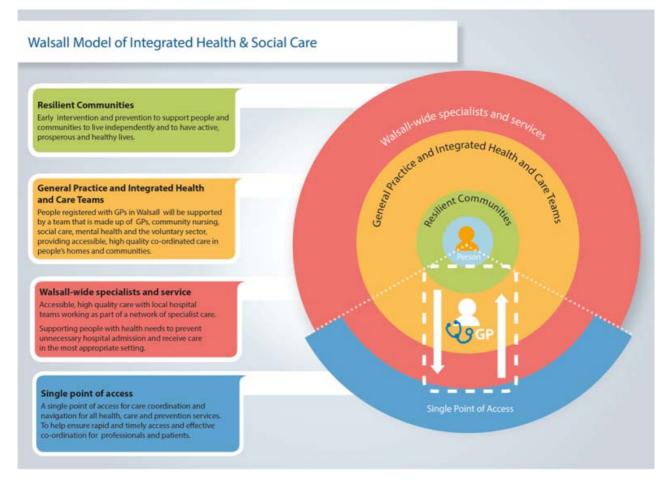
In October 2016 the Walsall Together Provider Board was established as a sub-group of the Programme Board. It was established to develop a vision and business case for the integration of cross organisational delivery centred around patient population/natural communities.

The ambition to develop local place-based models of care aligns to the strategic objectives of Walsall Council Adult Social Care which seek to deliver the Corporate Priorities of the Council.

Developing our Place-Based Model of Care

The Place-Based Model of Care – **Figure 1** below - has been presented previously to the Health Overview and Scrutiny Committee, Cabinet and the Health and Wellbeing Board through the Better Care Fund Plan.

Figure 1: Walsall Place-Based Model of Care



Since the Walsall Together Programme was established in 2016 it has been working to develop more integrated health and care services. In particular:

- 1. Establishing a Resilient Communities programme, including development of the Making Connections programme;
- 2. Implementing an integrated model of Intermediate Care to support hospital discharge; and
- 3. Developing integrated adult community health and social care teams in each of Walsall's four locality areas.

Developing a Provider Alliance

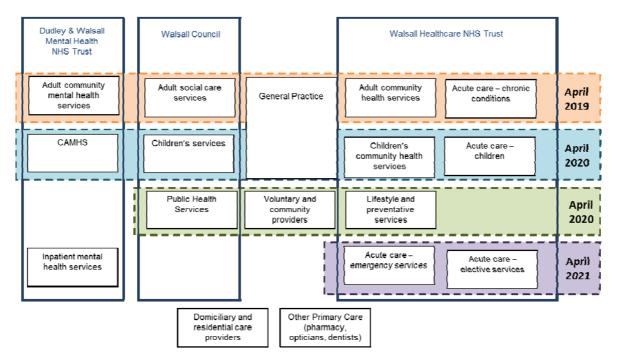
The Partnership has recently agreed to progress the development of more formal governance and management arrangements for the delivery of integrated health and care services. The aims of the proposal are:

• The offer of a population, place based health and care system, that is person focused and based on the known needs of the population;

- The blend of different approaches of primary, secondary, community health and separate care; to one that is demand led, joint and centred on how best to respond to demand within the resources available;
- Us to operate within the resources we have to improve the quality of and support we offer across the whole health and care system;
- Clarity about the expectations and entitlements of access to care and support for our population;
- Empowerment of our practitioners, patients and clinicians to be the key decision makers in the design of new arrangements;
- Development of a system where prevention, early help and self-care are key, because people are well advised, confident and knowledgeable about their own health and wellbeing;
- Professionals in the health and care system to be connected, share responsibility and accountability for the health of the population;
- Care and support that is high quality, cost effective and the best value for money;
- Decisions about health and wellbeing that are evidence based and underpinned by good practice and knowledgeable staff;
- Us to organise ourselves to achieve the above and much more.

The proposal envisages a phased approach to the scope of services included within the place-based care model, described in the diagram **(Figure 2)** below:

Figure 2: scope of services



Four options have been considered for the organisational arrangements for the provider model:

- Alliance
- Host provider model
- Accountable Joint Venture
- Fully incorporated model

At this stage, the host provider model has been put forward as the preferred model, although the host provider is yet to be identified. This is described as a variant of the traditional lead provider model, with decision making authority delegated to a Board with equal representation from provider organisations. Either the council or one of the two NHS Trusts could be suitable to fulfil this role.

Further work is now being taken forward, with externally commissioned support, to develop a business case for the proposed change. It is anticipated that this will be completed during the Autumn with a view to the new arrangements being established from April 2019. This work will include:

- Defining appropriate governance to facilitate collective leadership in transition and end state;
- The development of a comprehensive, Walsall wide financial model for the system;

- Developing a Target Operating Model;
- Developing an appropriate contractual model.

4.2 Commissioning Place-Based Services

Strategic commissioning

Alongside the development of the provider services proposal we need also to establish new strategic commissioning arrangements. There are three main components to the approach we are proposing:

- 1. Commissioning from the partnership
- 2. A focus on population and place
- 3. Commissioning for outcomes

1. Commissioning from the Partnership

The proposal for a host provider for the services within the scope of Walsall Together partnership (see figure 2 above) would establish a single organisation that would take responsibility for co-ordinating the work of partner organisations across the full range of the scope of services.

Once established, we anticipate that we will work as commissioners principally with the provider partnership rather than its constituent organisations.

2. A focus on population and place

Currently, we measure service delivery principally in relation to activities undertaken, cost and performance against a narrow range of performance measures.

One of the changes we want to make in looking at how we commission services from the new partnership is to move from counting units of activity to measuring outcomes achieved for the whole population.

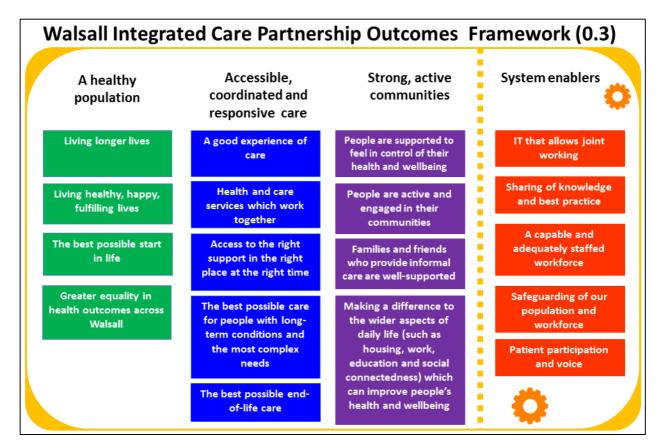
As well as a Walsall-wide focus we will also want to develop the role of localities, so that our commissioning takes account of the specific needs and priorities of the different areas across the borough.

3. Commissioning for Outcomes

We are currently working to develop an Outcomes Framework which we will use as commissioners to identify the health and care outcomes that our investment in place based services are achieving for local people. This will help us to set shared goals and priorities for the partnership against which their performance will be measured.

Figure 3 below is the most recent 'working draft' iteration of the outcomes framework. There is a continuing process of engagement with a broad range of stakeholders to refine and develop this work. We are aiming to complete the development of the framework by October 2018.





Implications for Commissioners

As the providers are working to develop more integrated service provision it makes sense that NHS and Local Authority commissioners should reflect this more joined-up provision in our relationship with them.

Through the CCG/LA Joint Commissioning Committee we will be considering the options for developing a more joined-up approach to the commissioning of place based services, including the role that the Better Care Fund could play in supporting more integrated commissioning of health and care services.

4.3 Conclusion

Health and care partners in Walsall are making important progress in the journey to achieve more integrated health and care services.

This report outlines the approach that the Local Authority and CCG are taking as strategic commissioners to support the development and implementation of the Walsall Together programme.

5. Background papers

Walsall Together Case for Change document

House of Commons Health and Social Care Committee, Integrated Care: organisations, partnerships and systems, HC 650, published 11 June 2018

6. Resource and legal considerations

These have been considered and are set out within the Case for Change document and will be reviewed through the development of the Commissioning model for the Alliance.

7. Citizen impact

At this stage the development of the Partnership arrangements does not have an impact on Service Delivery. The Walsall Together programme set out to deliver three key objectives:

- Improved outcomes for citizens;
- Better quality / safety / experiences;
- Financial sustainability of health and care sector.

8. Environmental impact

There is no direct impact upon the environment of this decision.

9. Performance management

A range of Performance Measures will be developed to monitor the delivery of outcomes within the contract for the Alliance.

10. Equality Implications

An Equality Impact Assessment will be conducted as part of any formal public consultation process.

11. Consultation

Citizens will be consulted as required in line with statutory consultation requirements.

12. Contact Officer

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June 2017